

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>161</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>261</u>	
Town of <u>Miami</u>	<u>Miami Impregnation Hospital</u>	Local Registrar No. _____	
or _____	No. _____	St. _____	Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Marie Wahlin</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>yes</u>	7. Date of birth <u>April 21, 1923</u>		(Month, day, year)
8. FATHER		14. MOTHER	
Full name <u>Peter Abram Wahlin</u>		Full maiden name <u>Burmetta Gibbons</u>	
9. Residence <u>Duncan, Arizona</u>		15. Residence <u>Miami, Arizona</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>24</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country)		(State or country)	
13. Occupation <u>Matron helper</u>		19. Occupation <u>Housewife</u>	
Nature of industry <u>Copper mine</u>		Nature of industry _____	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1:04 a.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>[Signature]</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address _____	
(Month, day, year)		Filed <u>Apr 30</u> , 19 <u>23</u>	
<u>465-421-272</u>		Filed <u>5/5</u> , 19 <u>23</u>	
Registrar.		C. E. Swin	
		B. G. S. J.	
		County Registrar.	